Sample Only

TRANSACTION PRIVILEGE (SALES) AND USE TAX RETURN

City of Chandler
Mail Stop 701
PO Box 15001
Chandler, AZ 85244-5001

Chandler • Arizona
Where Values Make The Difference

License Number
2000
Period Covered
Jan. 2005
Delinquent If Not Received By
Feb. 28, 2005

Taxpayer Business Name
Taxpayer Attention Line
Taxpayer Address
Taxpayer City, State ZIP Code

Check here if mailing address has changed. Please make corrections to the preprinted address.

Location Address:

1234 N. Street Dr.
Chandler, AZ 85225

Place a check here and sign at the bottom if you have no activity to report.

THIS RETURN IS DUE ON THE **20TH** OF THE MONTH

Complete Both Sides of Form

Line	Business Activity	Business Class Code	Gross Receipts / Use Taxable Purchases (Column 1)				From Sch. A, on back - Deductions (Column 2)	= Net Taxable (Column 3)	x Tax Rate (Col. 4)	= Tax Amount (Column 5)
1	USE TAX	99		1 0	0 0 0	0 0		10,000.00	1.5%	150.00
2	Retail Sales	17		2 5	0 0 0	0 0	15,767.00	9,233.00	1.5%	138.50
3	Construction Contracting	15		1 5	0 0 0	0 0	8,813.65	6,186.35	1.5%	92.80
4	Real Prop. Rental	13		5	5 0 0	0 0	107.84	5,392.16	1.5%	80.88
5	TOTAL FROM ADD'L PAGES									
6	SUBTOTALS			5 5	5 0 0	0 0	24,688.49	30,811.51		462.18

Line			
7	ENTER EXCESS CITY TAX COLLECTED (From SCHEDULE C on the back)	Plus (+)	.92
8	TOTAL TAX DUE (Add lines 6 plus 7)	Equals (=)	463.10
9	PENALTY & INTEREST (See instructions on back)	Plus (+)	69.47
10	ENTER TOTAL LIABILITY (Add lines 8 plus 9)	Equals (=)	532.57
11	ENTER CREDIT BALANCE TO BE APPLIED (From Schedule B, on back)	Minus (-)	10.08
12	ENTER NET AMOUNT DUE (Subtract line 11 from line 10)	Equals (=)	522.49
13	ENTER TOTAL AMOUNT PAID		522.49

Under penalties of perjury, I declare that I have examined this return, including the accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. The declaration of the paid preparer is based upon all information of which the preparer has any knowledge.

Taxpayer's Signature _____ Date _____ Paid Preparer's Signature _____

Printed Name _____ Phone Number _____ Printed Paid Preparer's Name _____

A SIGNATURE IS REQUIRED TO MAKE THIS RETURN VALID
Return original with remittance in envelope provided.
Please make check payable to: CITY OF CHANDLER and list your license number on your check.

4615125699

Front of Return

License No. 2000 Report Period: Jan. 2005 9412125699

DUE DATE: City privilege tax returns are due on the 20th of the month following the reporting period. A return must be submitted even if no taxes are due. A return is considered delinquent if not **received** by the last business day of the month. A business day is any day except Saturday, Sunday or a legal City holiday. **Postmarks are not evidence of timely filing.**

PENALTIES:
1. Failure to File - A penalty of 5% of the tax due will be assessed for each month, or fraction thereof, elapsing between the delinquency date of the return and the date received.
2. Failure to Pay - A penalty of 10% of any unpaid tax will be assessed if the tax due is not paid on or before the delinquency date.
3. Total Penalty - Combined Failure to File and Failure to Pay penalties assessed will not exceed 25%.

INTEREST: Taxes unpaid after the delinquency date will be assessed interest at a rate of 1% per month until paid. Interest may not be waived or abated.

SCHEDULE A - DETAILS OF DEDUCTIONS: All deductions and exemptions used in computing City transaction privilege tax must be entered below. Detailed records supporting all deductions and exemptions claimed must be maintained. Failure to maintain supporting records may result in the disallowance of claimed amounts.
Please note: Not all deductions are available for all business classifications.
SCHEDULE B - Credit Details: List credits to be used with this return. Documentation must be attached.
SCHEDULE C - Excess Tax Collected: List the excess tax collected by taxable activity.

NOTE: The line numbers at the top of each column below correspond with the line numbers listed on the front page.

SCHEDULE A Deduction Description	Ded. Code	Line 2 Business Class Code 17	Line 3 Business Class Code 15	Line 4 Business Class Code 13
Discounts and Refunds	52			
Sales for Resale	54			
Out-of-State Sales	55			
Prescriptions / Prosthetics	58			
Gasoline & Use Fuel	59			
Retail Service Labor	63	4,987.00		
Tax Collected or Factored	**64**	725.00	482.54	107.84
Qualifying Healthcare Sales	65	55.00		
Interstate Telecommunications	66			
Exempt Capital Equipment	73	10,000.00		
Freight-Out / Delivery	74			
Food Stamps / WIC	79			
Bad debts on which tax was paid	81			
Trade-In Allowances	82			
Other (explain)_____	75			
Other (explain)_____	75			
SALES TO U.S. GOVERNMENT				
50% of Retail	56			
100% of Manufacturing	57			
CONSTRUCTION CONTRACTING				
35% Standard Contracting	70		3,331.11	
Subcontracting Income	71		5,000.00	
Out-Of-City Contracting	62			
Total Deductions (copy totals to front)		15,767.00	8,813.65	107.84

SCHEDULE B Credit Details (must attach documentation)

1. Accounts Receivable Credit	B	10.08	
2. Speculative Builder Credit (For Taxes Paid By The Contractor)	B		Total Schedule B (copy total to front, line 11) 10.08

SCHEDULE C Excess Tax Collected

Excess Tax by taxable activity	C	.92	Total Schedule C (copy total to front, line 7) .92

FOR ASSISTANCE, CALL: City of Chandler (480) 782-2280 Fax: (480) 782-2295 or visit our website: chandleraz.gov

Back of Return